



Application for Employment

Name:		Date:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Home Address:		Apt. #
City:	State:	Zip:

Availability: Please indicate the days you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Desired Position:			
Date you can start:		Salary Desired:	

Are you employed now?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, may we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally authorized to work in the US?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you previous applied for employment at The Simon Foundation, Inc.?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, which facility?	<input type="checkbox"/> Bethlehem <input type="checkbox"/> Bloomfield	When?	

Why do you want to work for The Simon Foundation, Inc.?

Education History:

NAME & LOCATION OF SCHOOL		YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Subjects of special study/research work:

Special skills:

Special training:

U.S. Military or Naval Service:**Rank:**

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Describe previous experience working with animals:

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Former Employers (list below last four (4) employers, starting with last one first):

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References: Please list two (2) references, who are not family members

1.

Name:
Address:
Phone:
Business:
Relationship:
Years Known:

2.

Name:
Address:
Phone:
Business:
Relationship:
Years Known:

Bethlehem, CT

202 Crane Hollow Road
Bethlehem, CT 06751

**The Simon Foundation,
Inc.**

(203) 266-6000

www.thesimonfoundation.org

Bloomfield, CT

89 West Dudley Town Road,
Bloomfield, CT 06002-1315

Employment Agreement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

By signing this Application for Employment, I authorize The Simon Foundation, Inc. to investigate all information contained herein, including contacting any references or former employers listed on this application. I agree to release The Simon Foundation, Inc. from any liability for damages resulting from the legal use of such information.

If you are under 18 your parent or legal guardian must sign this form prior to your employment.

Signature of Applicant

Date

Signature of Parent or Guardian (if applicant is under 18)

Date